

**Issue Classification**

(Assistant Examiner) (Date)

Tim Heitbrink 3-24-04

(Primary Examiner) (Date)

**Total Claims Allowed: 32**

O.G.  
Print Claim(s)

O.G.  
Print Fig.

1000

100

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final		Original		Final		Original		Final		Original		Final		Original	
	1		24		31		61		91		121		151		181
	2		25		32		62		92		122		152		182
	3		26		33		63		93		123		153		183
	4		27		34		64		94		124		154		184
	5				35		65		95		125		155		185
	6				36		66		96		126		156		186
	7				37		67		97		127		157		187
1	8		28		38		68		98		128		158		188
2	9		29		39		69		99		129		159		189
3	10		30		40		70		100		130		160		190
4	11		31		41		71		101		131		161		191
5	12		32		42		72		102		132		162		192
6	13				43		73		103		133		163		193
7	14				44		74		104		134		164		194
8	15				45		75		105		135		165		195
9	16				46		76		106		136		166		196
10	17				47		77		107		137		167		197
11	18				48		78		108		138		168		198
12	19				49		79		109		139		169		199
13	20				50		80		110		140		170		200
14	21				51		81		111		141		171		201
15	22				52		82		112		142		172		202
16	23				53		83		113		143		173		203
17	24				54		84		114		144		174		204
18	25				55		85		115		145		175		205
19	26				56		86		116		146		176		206
20	27				57		87		117		147		177		207
21	28				58		88		118		148		178		208
22	29				59		89		119		149		179		209
23	30				60		90		120		150		180		210